## MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS PROTOCOL

SUBJECT:	Carotid Endarterectomy	Protocol #: Protocol Pages:	PA P144.01
APPLIES TO:	MHP ⋈ MLTCP ⋈ MSSP ⋈ HEALTHSELECT ⋈	Attachments: Initial Effective Date: Latest Review Date:	
MIHS HEALTH PLANS APPROVALS:			
Director, Medical Management:		Date:	
Medical Director:		Date:	
Reviewed by Joseph McDermott, M.D.			

**PURPOSE:** The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Carotid Endarterectomy.

## PROTOCOL:

A. Carotid Endarterectomy

ICD9: 39.12 CPT: 35300 LOS: IP, 3 days

- B. The prior-authorization specialist may approve if **all** the following are present:
  - 1. Seventy (70) percent, or more, stenosis of the internal carotid artery, demonstrated by carotid angiogram;
  - 2. Symptoms attributable to the internal carotid artery stenosis while on medical therapy;
  - 3. Potential for independent living following surgery;
  - 4. Capable of understanding and giving informed consent for surgery and
  - 5. Good surgical candidate (i.e. no serious co-morbid conditions, unstable cardiovascular disease, etc.).

Note: Please refer authorized cases to Utilization Management for adequate discharge planning.

- C. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.
- D. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.
- E. If requirements are not met, Medical Director review is required.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.